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ORIGINAL AND SELECTED ARTICLES.

REMARKS ON HOTZ'S OPERATION FOR ENTROPION AND TRICHIASIS, WITH SEVEN CASES.

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Read before the Georgia State Medical Association.

An entropion is a turning in of the free border of the eye-lid, with a consequent displacement of the ciliæ inwards—the latter condition being known as trichiasis.

Trichiasis may exist without entropion, by a simple displacement of the lashes inwards, but an entropion could not well exist without a trichiasis.

Entropion is most frequently the sequel of trachomatous conjunctivitis. The cicatricial contractions that result from trachoma draw upon the free margin of the lid, and this force, together with the contractions of the fibres of the orbicularis muscle, may with greater facility invert the lids of old people and debilitated persons with lax fibre and flabby skin, than those of young persons or robust individuals with firm and tense integument, though it is not infrequent that we meet with entropion even in these latter cases, where the trachomatous cicatrix is very firm and binding.

This incurvation of the tarsal cartilage is greatly facilitated by the diminished resistance of the cartilage (due to some infiltration in acute inflammation like trachoma). Upon this view have been founded the various methods of operation for the cure of entropion. Heretofore all these operations—though differing somewhat in detail—have been founded upon the common idea that it requires a strong traction power to bring an inverted eye-lid back to its normal position, and operators have naturally fallen into the error that by shortening the integument of the lid and producing a vertical cicatrix, that they could, in this manner, bring about sufficient traction force to pull the eye-lid back to its normal position. But experience has proven that even though the amount of integument taken from the lid be so great and the resultant cicatrix so strong that the lids cannot be closed, the entropion is not always remedied.

The question then is warranted, whether the idea of a strong traction is not altogether erroneous? or at least whether or not the traction has not been wrongly applied? In other words, whether the force is not wasted without affecting the free edge of the lid?

All the old operations have, then, been founded upon an error, as has been proven by the introduction of a new and more rational principle.

Dr. F. C. Hotz, of Chicago, was the first to describe this new principle to the profession, and since the introduction of this new operation, known by his name, it has become almost as universal for oculists of this country to resort to it as to Graefe's method of extracting hard cataracts.

In the language of Dr. Hotz, it is not difficult to demonstrate the erroneousness of the old operation, by a very few simple experiments: "Every oculist makes the experiment unconsciously when he wants to scrutinize the inside edge of a lid; and every physician may easily make it in order to convince himself of the correctness of the following observations: If you place a slightly bent probe upon the upper lid at the line of the upper border of the cartilage while the eye is closed, and then press the probe very slightly backwards and upwards, you will be astonished at the small amount of pressure it requires to overcome the worst degree of entropion. The inverted edge quickly and readily turns out as soon as the tension of the skin is slightly increased by the presure of the probe." If you compare this slight force with the amount of traction as represented by the width of the fold of skin which would have to be excised for the removal of the same degrees of inversion, the difference is quite obvious.

Then if these experiments be true, the tractive force that is necessary for the cure of an entropion is very small, if applied in the right direction.

A series of observations with reference to this point has lately proven that entropion is not in reality what it has always been thought to be, *i. e.*, a turning in of the free border of the cartilage proper, but it is nothing more nor less than a rolling in, or in other words, an inversion of the external integument; the skin near the edge is rolled in toward the conjunctiva, thereby giving the edge the peculiar rounded appearance, while the cartilage remains unchanged in shape and position.

Blepharospasm, which is an essential feature in the production of entropion, affects the integument rather than the tarsus. As soon as the spasm begins the skin is seen to move toward the free edge, and to be gathered into numerous horizontal folds.

This phenomenon, according to Stellwag, is due to the action of the orbicularis muscle, its fibres sandwiched between skin and tarsal cartilage and fascio-tarso-orbitalis run from one commissure to the other, those next the free edge are almost horizontal in course, the further they are removed from the margin the greater the curve of the arch they describe. When these arched fibres are shortened by contraction, their curves must become more or less straightened, because their origin and insertion are fixed and immovable points.

This change of curvature cannot be accomplished but by a change in position, *i. e.*, the middle portion of the muscle must make a decided movement toward the edge of the lid in order to approach as near as possible the straight line which is the shortest distance between the two commissures.

Now, this muscle is connected by cellular tissue with the skin and with the tarsal cartilage; the skin being movable, will readily follow the movements of the muscular fibres, as it can be seen during each spatic action of the orbicularis to move downwards and become wrinkled. The tarsus, on the other hand, is too fixed to follow the action of the muscle. Now the cellular tissue and integument of the lid will, by this oft repeated blepharospasm, become loosened from the cartilage beneath and hang in a fold over its free border.

This displacement or dropping down of the integument and orbicularis fibres then, is the direct and common cause of entropion. With these changes the ciliæ are naturally displaced, and their direction changed—trichiasis.

Opeaators have heretofore thought to correct this condition by

simply excising an elliptical fold of integument from the lid; in other words, they excised what they considered the superfluous skin, hoping by this shortening of the integument to render the traction sufficient to pull back the inverted lid to its normal position.

The explanation of the frequent failures of this operation is that it gains no fixed point of traction, and the loose integument at the upper part of the orbit and just beneath the brow immediately slips down to fill up the gap made by the wound; especially does this take place in old persons whose skin is flabby and loose, and in many cases the operation has been performed as many as four times on the same person without succeeding in gaining a fixed point of traction sufficient to overcome the entropion.

Another and still older operation for the relief of the trichiasis that follows entropion, was to split the free border of the lid internal to the ciliæ, and by a counter incision on the outside remove a quadrangular piece of the lid border containing the roots of the ciliæ; this, of course, removed the irritation produced by the eyelashes rubbing on the ball and allowed the cornea to regain its transparency, but it left a bald eye, which was ever afterwards an unsightly object.

I will now describe the operation as first performed by Hotz, and I do not think I can better do it than by using a part of his language:

"After the patient has been etherized an assistant fixes the skin of the brow against the upper orbital margin, the centre of the free edge of the lid is then seized with a pair of forceps and drawn downwards till the skin is moderately stretched. While the lid is held in this position, the point of a scalpel is applied 2 m.m. over the inner canthus and drawn across the lid in a horizontal line to a point 2 m.m. above the external canthus.

"As soon as the integument is cut the incision is changed into a gaping wound by the reaction of its upper border. Sometimes the muscular layer is cut with the skin and the cartilage at once; if not, the orbicularis is divided by a few careful strokes of the knife, keeping close to the lower border of the incision.

"The forceps which have been used for the purpose of drawing the lid downwards are now taken off to allow the lid to recover its natural position.

"The assistant applying forceps to the middle of the lower border of the wound, everts the skin to expose the muscle, and with a pair of fine forceps the muscular fibres next to the border of the skin are grasped and dissected off to the extent of a strip 3 or 4 m.m in width all along the border from canthus to canthus."

In making the sutures fine black silk is preferable, because its color is innocuous and it can be easier seen in the removal of the stitches.

Four or five sutures are usually requisite for a nice and perfect closure of the wound. The cutaneous borders are nicely approximated, and together drawn firmly down to the upper border of the cartilage, by first making a surgical knot and then pushing it down with both fingers in the same manner in which we close the ligature of a deeply situated artery.

The treatment after the operation is very simple; cold water compresses are grateful to the patient, and useful in so far as they limit the reactive swelling. After 24 or 36 hours, all dressings may be left off with directions to keep the eye clean. The sutures should be removed on the third day, when the wound will generally be found to be healed by first intention.

Since I saw this operation first performed in New York, now nearly two years ago, I have made it seven times, and in all of the seven with the best success. Three were upon the upper lid, and two upon the lower, and two upon both the upper and lower lids. In the first one of these latter cases, where there was an entropion and trichiasis of both upper and lower lids, I made the Hotz operation upon both lids at one sitting, but the inflammation and œdema that followed was so violent that I determined in the next case to make the operations separate. A few weeks afterwards I operated upon the other case in which both lids were affected, but upon one lid at a time, and thus avoided a great part of the inflammatory reaction that was the result in the first. The final result in both cases, however, was good.

Case third was in a young woman who had suffered for ten years with trachoma which resulted in entropion and trichiasis. The lids were almost bald, most of the larger ciliæ having been epilated.

I made a Hotz operation upon both upper lids, and in three months she had long luxuriant lashes and the pannus had so much cleared up that her vision was increased from 20-c to 20-xl.

Case 4—Was a partial trichiasis of only ⅛ inch of the upper lid. The ciliæ in this space had been time and again epilated when he came to me for a radical cure. I made a single incision ½ inch in length near the upper border of the tarsal cartilage dissected out a small part of the muscle; took one stitch to bind the integument of the lower side down to the cartilage, when the wound healed by first intenton and the lashes of the affected portion came into line with the others.

CASE 5—Was a typical case of complete inversion of the lower lid with the cilia rolled up in the lower cul-de-sae of the coujnnctiva—the patient had suffered from granular lids for twelve years. The old treatment of this case would have been either to excise a transverse fold of the integument of the lid or to insert through the base of a transverse fold two or three ligatures.

Tne most serious objection to either of these operations is that they depend for their success upon two conditions:—the contraction of cicatricial tissue and the state of the integument upon the cheek; that is to say, we would have to rely upon one unknown quantity, an X as mathematicians would express it, for we cannot know how much or how little the scar may shrink; we trust, therefore, the ultimate result of the operation to an agency which is entirely beyond our control, and consequently should not be surprised if all of our calculations, based upon an unknown quantity, X, should deceive us in its results. Again, if the integument of the cheek be loose, the permanent success is still more likely to be illusory than before.

In order to evert the border of the lid the integument has by the operation been shortened to produce the requisite traction, but to make this traction effective and successful, the opposite end of the contracting cicatricial band must be firmly and immovably fixed; if not, the traction will operate upon both ends and the greater the degree of mobility alone will decide which will be moved the most.

If the integument of the cheek be firm, it forms a tolerably good basis for the traction; but if it be ffacid, as it is in old people, it will be seen that the skin will move upwards rather than the entropion will be overcome. Hence the advantage of Hotz's operation on the lower as well as the upper lid, in that it attaches the integument to the border of the tarsal cartilage and thus gives a solid basis for traction.

The next case did not differ in any material respect from case four, except that I made the operation in only one eye. But case *seven* was the most interesting of all, since it gave the most perfect results. Male, age about thirty, who had been suffering from entropion and trichiasis for about eighteen years, the cilia of both upper lids had an abnormal position in the lower cul-de-sac, and if the lids were sufficlently opened to pull them from this position, on closing them again a violent spasm of the orbicularis would follow and continue till the lashes were replaced under the lower lid.

The result of this condition after so many years, was a dense

opacity of not only the upper portion of the cornea, but throughout its whole extent.

On making a Hotz operation upon this patient, on account of the flabby condition of the integument of the lids, I made a conical incision and dissected out the intervening integument.

His vision was only 20-cc at the time of the operation, but in two months after the cilia had been lifted from the cornea his vision rose to 20-lxx, and with a 10 glass it rose to 20-xl, and I have no doubt that as the opacity of the cornea gradually clears up his vision, with a ten glass, will reach 20-xxx.

The wound healed kindly, leaving the ciliæ in a perfectly normal position, and only a small transverse cicatrix.

To briefly recapitulate the advantages of this operation over all others:

1. Less of the integument is sacrificed, and consequently the scar is less unsightly.

2. The possibility of a relapse after the operation is inappreciably small.

3. One operation is, as a rule, sufficient to correct the deformity, because the distal border of the cartilage gives a fixed point for traction.

4. The wound, as a rule, heals by first intention, whereas when so much integument is sacrificed suppuration is the rule.

5. Its superiority over all other operations is more marked in old persons with flabby and loose skin, because of the impossibility to otherwise gain a fixed point for traction in such cases.

SYPHILITIC ULCERATION OF THE EYE-LID (CONJUNCTIVA) IN THE INFANT.

BY A. W. CALHOUN, M. D.,

Professor of Eye, Ear and Throat Diseases in the Atlanta Medical College.

In the adult, we are accustomed to seeing syphilis in some form or other, take hold of almost any and every part of the body; and even in the infant, it is not unusual that the disease manifests itself secondarily in various ways; but it is so seldom the case that syphilitic ulceration takes place upon the mucous membrane of the eye-lid, that I am induced to report the following history:

It is now eight years since Mr. A. J. M. contracted primary syphilis. The disease progressed uninterruptedly till a portion of the upper jaw and a part of the bones of the nose were destroyed, without, however, much disfigurement. Upon the supposition

that he had been cured, he married four years ago, and in due course of time a son was born, who was, at birth, and up to the present remains, a specimen of robust health.

One year ago another son was born, who, from birth, has been a typical specimen of hereditary syphilis.* Copper colored blotches first appeared over the entire body, then eczema upon the scalp with enlargement of the cervical glands, then ulceration of the right pre-auricular glands. Two months back, phlyctenular corneitis began, the phlyctenules running together and breaking down into deep corneal ulcers in each eye, causing the pain and photophobia and other distressful symptoms so often met with in children with so-called "scrofulous sore-eyes."

The eye disease had been in existence two months when the child came under my observation, and in addition to the extensive ulceration of each cornea, the following condition of the lid appeared: The left upper lid was swollen and angry-looking, and extended downwards over and covered the lower lid. Upon everting the lid, a very characteristic syphilitic ulcer was found to occupy the centre of the conjunctiva, being near the size of a three cent silver coin. It had the ragged and undermined edges, the dirty surface and other marked appearances, which so readily distinguishes the specific ulcer from all other varieties. Aside from the father's history and the general condition of the child, the ulcer itself left no doubt as to the diagnosis.

The little patient was immediately put upon anti-syphilitic treatment. Iodide potass. was given in 2 grain doses and gradually pushed to 15 grains 3 times daily, with the happiest result. The sulphide of calcium was also given in 1/6 grain doses, mixed with a little sugar of milk, for its alterative effect. As local applications, the sulph. atropia (gr. j to ℥j) was used upon the eyes for its curative influence upon the corneal ulcers, and an ointment of the yellow oxide of mercury (gr. ½ to ℥j) applied to the edges of the lids which had become excoriated by the profuse lachrymation. The eyes were kept as free from matter as practicable, but throughout the treatment, no application was made to the conjunctival ulcer. The child has now been under treatment one month, and the syphilitic ulceration of the lid and every external symptom of the disease has disappeared, though the phlyctenular inflammation of the cornea still remains to a slight degree.

The history of this case is recorded, not because of the rapid recovery under this particular treatment, but because of its unfre-

*NOTE.—No attempt will be made here to explain why the first child was free from syphilis, and the second had it. The mere fact is given.

quent occurrence. In so far the case is of special interest. I have met with a few similar cases amongst adult hospital patients, but neither in a very large hospital experience, nor in a private practice of a good number of years and comprising many thousands of patients, have I ever before seen the disease upon the mucous membrane of the eye-lid, in the infant.

CASES IN PRACTICE.

BY A. A. DAVIDSON, M. D., OF MILAN, TENN.

Having recently seen interesting items in the RECORD, on atropia, also on liquor ammoniæ, I send you the following cures which are at your disposal:

CASE I.—CONVULSIONS—In July, 1876, John Cunningham, aged 19 years, was attacked with violent convulsions from some trouble of the brain; they lasted him several weeks, and were so violent, at times, it would take four or five men to hold him still. Had nine physicians to see him during the time; all the remedies failed to have the desired effect, till I put him on large doses brom. potash, 40 to 90 grains at a dose, in conjunction with extract belladonna, ¼ to ½ grain, which gave him immediate and *permanent* relief.

During his illness I concluded to try the antagonistic properties of opium and belladonna. I injected hypodermacally, 1-50 grain atropia, and in thirty minutes his pulse went up 30 beats; pupils dilated; countenance assumed a distressed expression, skin purple, with spots and rashes on it, and he seemed to try to tear himself to pieces; scarcely could restrain him from violence; so much so that I became a little alarmed. I injected ⅓ grain morphine, and in twenty minutes his pulse fell to ninety, a reduction of thirty beats, and he became as calm as before.

CASE II—INJURY TO THE EYE BY SPIRITS OF AMMONIA.—I see in the last number of the RECORD an account of a lady losing her eye by the explosion of an ammonia vial. About three months ago I received a box of drugs from Memphis, opened it and took out a bottle of aqua ammoniæ and put it on a shelf in my office, and it had a rubber cork in it, which excited the curiosity of my little boy, aged seven years. He took the bottle down, and the stopper flew out, and the liquid flew in his right eye and over his face. I was a few hundred yards from the house; was summoned to come to him in great haste—found him suffering intense pain, and bathing his eye with cold water, I opened it and found the conjunctiva very red and swollen. As I had been a practicing oculist for

twenty years, I set about applying remedies. The first thing I did was to drop in a solution of sulph. morphia to give ease; next I used atropia, two grains to ounce, two or three times a day; kept him on this prescription for several days; also used cloths dipped in tea water, on the lid, alternated with mucilage of slippery elm bark.

The most severe and intense photophobia came on immediately, in *both* eyes, so much so that I was not able for three days to see their actual condition. His eye was very much swollen and exceedingly tender. On the fourth day he was able to open his eyes a little, from which time he recovered rapidly, with no bad results.

I think the *prompt* and active treatment saved his eye. His face was not damaged.

CASE III—LARGE DOSES FOWLER'S SOLUTION WITHOUT FATAL RESULTS—I had a case of typhoid fever, a young lady, a few years ago, and her father came to get some medicine for her sister, older than herself, for tertian ague, of long standing. I gave him a half ounce vial of Fowler's solution, with directions to give ten drops three times a day; also sent my typhoid case four ounce bottle turpentine emulsion, to be given in teaspoonful doses every two hours. Her father forgot the directions, and reversed the directions, and gave the Fowler's solution in *teaspoonful* doses every two hours till the young lady took three drachms in *four hours*. She soon became greatly prostrated, eyes swollen, tongue enlarged and protruded, and became paralyzed all over, so much so she could not raise hand or foot. The first thing she remembered or desired was *onions*; she ate some of them and soon recovered. She had no vomiting or purging, nor has she ever had any after unpleasant effects.

Mr. Editor, will you or any one explain her rapid recovery from so poisonous an agent, or did the onions cure her?

GRAPE SUGAR AND GLUCOSE.

BY J. M. TALLMAN.

The following sketch is not intended by the writer to be a complete description of the above named articles of commerce which have recently become such important factors to the grocery, confectionery and brewing interests; but it will simply cover the important features of the process of manufacturing and to give to the outside world a litttle light respecting what will become, and in fact is, one of the important industries of the day.

The terms grape sugar and glucose are used to designate the

two forms in which the article is sold by the manufacturer. Grape sugar is the solid and glucose the liquid form. It is made from starch by the action of sulphuric acid, or oil of vitrol. The first stage in the manufacture is the production of starch. This is made from the Indian corn of commerce ; that which possesses the largest amount of starch having the preference over corn of smaller kernels and consequently less starch.

The corn separated from the cob is placed in large vats with boiling water, and there undergoes a steeping process of about forty-eight hours duration, during which time the water is changed occasionally ; this serves to swell the kernel to nearly twice its natural size and softens it very materially.

The mass is then run through mill-stones, which grind it to a fine pulp. With a large percentage of water in this, there are the starch, gluten and woody fibre, etc. In order to separate the starch from this, the pulp is run over large frames covered with bolting cloth, similar to that used in flour mills; several small streams of water are also introduced, and the water falling on the pulp as it passes over the sieve, separates the starch from the hull which passes off, the starch falling into a trough underneath, from whence it is cenveyed to tubs of larger size, where it is allowed to settle, and the water, which has by this time accumulated large quantities of dirt, etc., is allowed to drain off. Caustic soda is then added in about the proportion of 600 pounds to each bushel of corn; this serves to further separate the starch from the gluten. From the settling tubs it is allowed to run through long inclined troughs of a very slight elevation. While the water, containing large quantities of starch, gluten, etc., is passing over these tables, as they are called, the starch slowly settles to the bottom, allowing the dirt, gluten and alkali to pass away.

The now solid mass of starch is taken from the tables and after being broken up thoroughly in water, is pumped into tubs and agitated thoroughly; this further cleans it. The result of this last manipulation is a clean starch, such as is used on our tables in pudding, etc., and in our laundries to stiffen and improve our shirts and other articles. The starch mixed with water is then poured into a large tub called a *converter*, and it is here that the starch loses its identity, and in a high temperature is converted by the action of sulphuric acid into either grape sugar or glucose.

If glucose is desired the liquid is boiled until, by the application of the iodine test (known to chemists as the method for determining the existence of starch), it shows that it has very nearly lost its character as starch, and the conversion is then stopped by drawing off the liquid. Should grape sugar be desired, the process is carried still further until not a trace of starch is visible, and the liquid is all converted into sugar. We will now follow it from the converting tub to another large tank in which it lies perfectly passive, but possessing in its muddy looking mass a powerful agent and the one source from which are derived the many ideas regarding its poisonous character. I refer to the sulphuric acid. Were the substance left as it now is, and the article put upon the market,it would certainly serve to be severely handled by physicians

parents, and all interested in the health of the people at large. It is a well-known fact that if marble dust is introduced into a liquid containing sulphuric acid, a chemical change takes place, and if a sufficient quantity is introduced, the acid in its entirety is absorbed, and the two together become sulphate of lime, a precipitaie easily removed. This is the course pursued in neutralizing the acid, and to this end a test paper is applied to determine when the neutralization has taken place; when this is accomplished the liquid is a sweet water, quite dirty however ; it is then passed through filter cloths of various degrees of fineness, and they climinate the portion of the dirt, including the sulphate of lime. This water is then allowed to run through a larger tank containing burnt bone or charcoal. This takes unto itself what dirt has escaped the former filtering medium, and the now clear liquid although nearly as thin as water, is quite sweet. It is then introduced into a copper pan of large capacity, called a vacuum pan, and the process of evaporation goes on. As the liquid is slowly evaporated under the influence of heat, it assumes a thick, gummy character of a density of thirty-eight to forty-two degrees Beaume. It is now ready for cooling and shipping. Should it be grape sugar it is drawn into barrels or boxes, where it rapidly cools and becomes solid and perfectly white; should it be glucose, and intended for confectioners' use, it is drawn into barrels, from which, owing to its density, it is quite difficult to abstract it unless by heating. Should the manufacturer wish to fill an order calling for syrup, he mixes with the still warm glucose about ten per cent. of its bulk of cane syrup, a liquid obtained from cane sugar during the refining process. This syrup serves to sweeten the not too sweet glucose, and imparts to it a bright yellowish color called by grocerymen "golden," and so labeled on their syrup cask. The grape sugar maker sells to outside parties the sugar in solid form. They, by the use of patented machinery, cut it into minute pieces and mix it with the coffee sugars of commerce, in the proportion of eighty per cent. cane sugar and twenty per cent. grape sugar. This proportion will vary somewhat, but is in the main correct. The appearance of the mix ture is a very decided improvement over the appearaoce of the pure cane sugur. due to the fact that the cane sugar, being of a yellowish color, is made to look much lighter, when mixed with the white grape. The consumer, unless very well posted, cannot detect the difference, and obtains sugar of much lighter color for the same amount of money than he would otherwise pay for a dark, yellow grade.

The confectionery trade uses a large quantity of both glucose and sugar in the manufacture of all grades of confectionery. Brewers are very large consumers, as well as jelly and wine manufacturers; printers mix glucose with glue and use it for inking their type. Thus it is rapidly becoming a popular necessity. It cheapens the food and when properly made does not hurt the stomach. There is only the one chance for it to be injurious to the human system, and that is in the existence of acid, which cannot occur if the manufacturer is careful to thoroughly neutralize it; if this is done it contains nothing that is harmful. It is estimated that the

entire consumption of corn this ensuing year, for this purpose, will be between ten and eleven millions of bushels, of which quantity Buffalo alone requires about six millions.—*Phy. and Surg. Investigator.*

REMARKS ON INTESTINAL PARASITES.

BY F. P. HENRY, M. D.

Read before the Clinical Section of the Philadelphia County Medical Society, January 31, 1882.

The subject of human parasites, upon which I was requested, at rather short notice, to make some remarks this evening, is so comprehensive that, were I to undertake to refer to them all, within the limit of time allotted me, I could do little more than mention their names and those of the diseases to which they give rise. I have therefore decided to confine myself to a few general observations upon those varieties of worms which are most frequently found in the intestines of man. Of these the principal are the *Ascaris lumbricoides*, the *Oxyuris vermicularis*, and the different kinds of tape-worm. The first two are by far the most common, owing to their universal prevalence and the readiness with which specimens are obtained, we are thoroughly acquainted with their anatomy, both as embryos and as mature individuals. Nevertheless, the most competent helminthologists acknowledge their complete ignorance of the manner in which the lumbricoid worm is first introduced into the system. Leuckart has fed dogs, pigs rabbits and mice with the ripe eggs of the *Ascaris lumbricoides*, and has made similar experiments on man, in both cases with negative results. It is probable that these worms are introduced into the stomach in an embryonic form. Niemeyer has suggested the possibility of their finding entrance into the system through the use of bad flour, and refers to the observations of Stein, who found entozoa in weevils.

The *Oxyuris vermicularis* is developed directly from the egg, and this is one of the reasons of its persistent stay in the intestines, for by self infection the eggs are constantly swallowed by children and others who are careless in regard to habits of cleanliness. Self-infection is caused by scratching the anus and neighboring parts and subsequently conveying the eggs into the mouth. This may happen in the case of persons who are tolerably cleanly in their habits; for Zenker has frequently found mature eggs under the nails of those afflicted with these parasites.

It is thought by many that the principal habitat of th *Oxyuris* is the rectum, and this theory has led to a treatment that is at best but palliative. "The generally-prevalent idea," says Heller, "and that which is upheld in all the books, that the *Oxyuris* inhabits the rectum, is entirely false." The mature males inhabit chiefly the small intestine; the pregnant females chiefly the cæcum, where they remain until they are distended with eggs. They then descend to the rectum and deposit their eggs. The young, when hatched, immediately migrate to the small intestine.

The treatment of the *Oxyuris* recommended by Heller is one of saline catharsis, and of enemata so administered as to reach the cæcum. The cathartic part of this treatment is based upon the observation that in choleraic conditions vast quantities of parasitic ova are often expelled. The appearance of these ova in the stools of cholera patients led to a curious blunder both in Germany and England, where they were regarded as a fungus peculiar to that disease. Another species of worm, the *Trichocephalus dispar*, having been frequently found in the stools of typhoid fever patients, has been regarded by some as the cause of that affection. The symptoms due to the presence of the round worm scarcely suffice for a diagnosis. There can be no doubt that in some cases grave disturbance of the nervous system, in others intestinal catarrh, is casued by them, while in perhaps the most numerous class of cases they give rise to no symptoms that cannot be referred to ordinary causes.

Formerly it was the custom to attribute almost every digestive disorder occurring during childhood to the presence of worms. Now there appears to be a tendency to go to the opposite extreme, and to deny that they are the cause of any symptoms whatever. Heller remarks upon this tendency, and warns against it, although, says he, "there is little likelihood of our going so far as to look on them as the guardian angels of thildren, ever ready to help them in their time of need."

The treatment of lumbricoid worms is too well known for me to comment upon it. There is one point concerning it, however. which seems to me of some interest, and that is the fact that fractional grain doses of santonin retain their full activity after having passed through the stomach. Many physicians are sceptical as to the effect of small doses of drugs administered with a view to produce an alterative effect upon the small and large intestine; but facts like that above given should induce them to be cautious about rejecting any remedy upon mere hypothetical grounds.

The most interesting fact concerning the tape-worm is the complexity of its mode of existence. Its ova, being discharged from the intestine of man, are swallowed by another animal, in whose tissues they reach the larval stage of their existence. These larvæ, being in turn swallowed by man, reach the mature stage of their development in his intestine. This cyclical method of growth is in the highest degree opposed to the existence of the parasite, and is counterbalanced by its enormous fertility. According to E. Wagner, "in the case of the tape-worm, out of eighty-five millions of eggs, only one is developed again into a tape-worm."

Though many species of tape-worm are known to exist, four only are of interest and importance to the practical physician: these are, *Tænia solium*, *Tænia medio-conellata*, *Tænia echinoccus*, and *Bothriocephialus lotus*.

Of these, the designation of the first is very ill chosen, indeed, I have found it impossible to ascertain what Linnæus intended by it.

If, as some think, he means solitary,—an absurd supposition, in my opinion,—he must have been mistaken as to the habits of this parasite ; for when a number of tape-worms inhabit the intestine

they are almost invariably of the *solium* variety. I have consulted a distinguished classical scholar of this city, a member of our own profession, who acknowledges his inability to interpret the term *solium* as used in connection with *Tænia.* Such, however, is the weight of authority that, notwithstanding the obscurity surrounding this word, I shall continue to stultify myself by its employment.

Heller objects to the term *medio-conellata* applied to the second variety, on the ground that it is founded upon an erroneous anatomical idea; and employs instead the term *saginata*, stout or well fed, which it had originally received from Goeze.

The diagnosis as to the kind of tapeworm present in a case may be made by inspection of the segments voided per rectum. It is important that the variety of worm be clearly ascertained, for nervous symptoms occurring in an individual who is or has been the host of the *Tænia solium* should lead to the suspicion of the presence of the tape-worm larva, the *Cysticercus cellulosæ*, in some portion of the nerve-centres.

The chief seal of the *Cysticercus* is the intermuscular connective tissue, after which come the brain and the eye. In the latter situation Von Graefe was able in four cases to watch the development of the entoozoon from the time of its appearance beneath the retina, which it pushes before it, causing a more or less extensive detachment, until its eruption into the vitreous humor, which, in the majority of cases, it makes its seat. An interesting case of intraocular cysticerus recently occurred in the practice of Dr. James E. Garretson, of this city, and is reported by Dr. C. S. Turnbull in vol. xii. of the Transactions of the State Medical Society, to which I refe those interested in the subject. Another case of suspended intraocular cysticercus was recently exhibited by Dr. Garretson to the Pathological Society of Philadelphia. I had an opportunity of seeing it, and was struck with the remarkable similarity, both in size and shape, which it bore to a cysticercus. In reply to a note asking for the subsequent history of this case, Dr. Garretson informs me that he has lost sight of the patient.

When the *Tænia solium* and its cysticercus are present in the same case, what is the source of the latter? This is an interesting question and one which has received different answers. Self-infection would be the answer of Heller, while Roberts considers that they are derived from independent sources. The former method of the introduction of the cyst into the solid tissues of one who is the host of a tape-worm seems to me the most probable. Self-infection may occur by detached segments being forced upward, during the act of vomiting, into the stomach, where, undergoing digestion by the gastric juice, the eggs are liberated and are developed into cysticerci. Or it is perhaps permissible to suppose that such action may take place in the upper portion of the small intestine, within the sphere of the pancreatic secretion, which fluid, as is well known, contains a ferment called trypsin, which is capable of digesting proteids in an alkaline medium. The practical inference is to avoid as far as possible, in our treatment of those afflicted with *Tænia solium*, such drugs as are likely to ex-

cite emesis. This is only important in the case of *Tænia solium*, as the cysticercus of no other variety is known to infest the tissues of man.

The *Tænia echinococcus* is a parasite of the dog, existing only in its larval state in the human system. It possesses great interest to the pathologist, chiefly on account of the fact that in one of its forms. *Echinococcuo multilocularis*, it was constantly mistaken for colloid cancer up to so late a period as 1856, when Virchow pointed out its true nature.

The so-called hydatid cysts are rarely met with in this country. But two specimens have been presented to the Pathological Society of Philadelphia, one by the late Dr. J. B. Mustin for Dr. Nancrede, recorded in vol. iii. of the Transactions; the other by Dr. Hutchinson, recorded in vol. iv.

An exceedingly rare specimen of *Tænia*, the *Tænia nana*, was exhibited by Dr. E. A. Spooner, of this city, before the College of Physicians in 1872. As far as I am aware, it had been previously observed only by Bilharz in Egypt. Heller, who had seen an account of Spooner's specimen in a German periodical, was inclined, in the absence of a minute description of the head of the animal, to regard it as a specimen of *Tænia flavopunctata*, which it is said to resemble. In length, however, and in the number of its segments, Dr. Spooner's specimen accurately corresponds with the account given by Bilharz of the *Tænia nana*. I am informed by Dr. Spooner that the patient who passed these worms has remained in good health ever since.

There are other intestinal parasites to which I would refer, did time permit. Among the most interesting of those remaining are the *Trichina spiralis* and the *Anchylostomum duodenale*. In countries where the latter prevails, the cachexia to which it gives rise is liable to be confounded with pernicious anæmia; and even in this country I would suggest that a careful search be made for this parasite in all autopsies in cases of supposed pernicious anæmia.

I have placed under the microscope the following specimens:—*Trichinæ*, free and in muscular tissue; *proglottis of Tænia solium*, *Cysticercus cellulosæ*, *Aearus scabiei*, and *Echinococcus* brood capsules, for the use of which, as well as for that of the microscopes, I am indebted to Mr. Walmsley, of the firm of R. & J. Beck.—*Medical Times.*

THE TREATMENT OF DIPHTHERIA IN THE PAST EIGHT YEARS.

Diphtheria has been of late one of the most written-up diseases in medicine. The diligent reader comes to regard the perennial flow of articles on the subject as a sad necessity of progress.

Dr. Ernest Kormann, of Coburg, has done a work which is better than original. It is a review of the literature concerning the treatment of diphtheria in the past eight years. The number of contributions to this branch of the subject alone is very large, be-

ing nearly one hundred and seventy. It may be a source of gratification to know that Americans were authors of about one-eighth of these articles. The English contributions numbered only nine, and the French about the same.

It would be impossible to give here any adequate summary of the many views expressed in these numerous papers, but some idea of their general tenor would be, we think, of interest.

There are articles by twenty-four authors on the prophylaxis of diphtheria. These recommend various measures, most of which are known. The most complete harmony is on the subject of isolation and cleanliness. The next most unanimous recommendation is as to the value of frequent gargling. The agents oftenest recommended are potassium chlorate and lime-water. But many recommend salicylic acid, potassium, permanganate, astringents, myrrh, hot and cold water, carbolic acid, etc. Pencilling the throat with carbolic acid or other disinfectants is also advised. Internal medicines receive fewer recommendations except in the case of infants who cannot gargle. Potassium chlorate, salicylic acid, iron, quinine, alcohol, are among the agents enumerated as of use.

Upon the treatment of diphtheria proper there are one hundred and twenty-five contributions, with eighteen more upon the abortive treatment, making one hundred and forty-two in all. This represents a great deal of futile activity; but fortunatcly science is helped by failures as well as success.

A notable feature in the various contributions is that, no matter what the agent recommended, it is almost always an extremely efficient one. The literature of the therapeutics of diphtheria is essentially constructive. Indeed it is too much so, and so judicious iconoclasm would be very useful.

It is generally thought that when a disease has many drugs which are almost its specific, the real specific is nature. But Dr. Kormann suggests that this does not represent the whole truth for diphtheria. That disease may be in some cases or localities very favorably influenced by a special remedy which is of less value at other times or places. However this may be, it is certain that no heterogeneity of remedial measures recommended will justify a physician in adopting an expectant plan of treatment in the disease in question.

And indeed, the diversity in modes of treatment is not fundamentally at all great.

We find that two authors recommend flowers of sulphur blown into the throat. Thirty-eight authors recommend the use of some disinfectant as the essential thing.

Twelve give especial prominence to potassium chlorate; five to salts of iron; thirteen to mecury; four to local applications of chloral hydrate : four to alcohol and other stimulants ; ten to the volatile oils and balsams (turpentine, eucalyptol, copaiva); twenty-six to pilocarpin; two to the application of digestive ferments.

There is the largest number of contributions, as well as the greatest weight of authority in favor of some form of antiseptic and roborant treatment.

The disinfectants recommended most are carbolic, salicylic, and

boracic acids. Permanganate of potassium, bromine, chlorine water, ozone, are also mentioned.

But whether disinfectants are recommended or not, chlorate of potash is the agent oftentimes referred to in treatment. The tincture of iron, so extensively used in America, receives less notice among the German writers.

The use of pilocarpine is fully discussed. On the whole, it seems to be a failure. No one has gotten the result first claimed for it. It is not a specific, and several cases of collapse resulting apparently from its use are reported.

The cases illustrating the action of the mercury salts (cyanide, bichloride, etc.,) are in some cases striking, but are too few for a satisfactory conclusion to be drawn regarding them. The methods of treatment by inhalation of oxygen, the use of digestive juices, fluoric acid, lime-juice, chloral, the balsams, etc., as yet have proved little for themselves.

The abortive methods of treatment consist in the careful and complete removal of the first sign of diphtheritic exudation; the very frequent spraying of the throat with weak solutions of salicylic acid, borac acid, or of brandy. The inhalation of steam with gargles of hot water, the local application of strong astringents, or of caustics, and the use of very large doses of alcohol, all of these various measures received about equal commendation.

It is apparent from a study of the literature which we have here referred to, that diphtheria has no specific, nor is it likely to get one, until we find something which will cure all septic diseases. But, there has been progress made in the therapeutics of the disease, and an intelligent physician can save many lives by judicious treatment.—*N. Y. Med. Rec.*

The Duties of Practitioners in Relation to their Professional Services to Each Other, to their Families, Widows and Children.—All legitimate practitioners of medicine, their wives, and children while under the paternal care, are entitled (not as a matter of right, but by professional courtesy) to the reasonable and gratuitous services—railway and like expenses excepted—of the faculty resident in their immediate neighborhood, whose assistance may be desired. In the case, also, of near relatives who are more or less dependent upon a professional brother (other than wealthy), it will likewise be well, at his request, to forego or to modify the usual fee. On the other hand, a son or daughter altogether independent of the father, or the widow and children of a practitioner left in affluent circumstances, should be charged as ordinary patients, unless feelings of friendship or other special reasons render the attendant practitioner averse to professional remuneration. In such case the rule need not apply. Moreover, if a wealthy member of the faculty seeks professional advice, and courteously urges the acceptance of a fee, it should not be declined; for no pecuniary obligation ought to be imposed on the debtor which the debtee himself would not wish to incur.—Proposed amendment to Code of Medical Ethics, British Medical Journal, 1882, p. 480.—*Medical Times.*

ABSTRACTS AND GLEANINGS.

The Parasitic Nature of Tubercular Consumption.—Professor Tyndall has communicated to the London Times an account of results obtained by Dr. Koch, of Berlin, the investigation of the etiology of tubercular disease, as set forth by him in an address delivered March 24th, before the Physiological Society of Berlin.

It was the aim of Dr. Koch to determine the precise character of contagion which previous experiments on inoculation and inhalation had proved to be capable of transferring, and reproducing tubercular consumption.

In pursuing these investigations, Dr. Koch subjected the diseased organs of a great number of men and animals to microscopic examination, and found, in all cases, the tubercles infested with a minute rod-shaped parasite, which, by means of a special dye, he differentiated from the surrounding tissue. It was, he says, in the highest degree impressive to observe in the centre of the tubercle cell the minute organism which had created it. Transferring directly by inoculation the tuberculous matter from diseased animals to healthy ones, he in every instance reproduced the disease.

To meet the objection that it was not the parasite itself, but some virus in which it was imbedded in the diseased organs, that was the real contagium, he cultivated his bacilli artificially for long periods of time, and through many successive generations. With a speck of matter, for example, from a tuberculous human lung he infected a substance prepared, after much trial, by himself, with the view of affording nutriment to the parasite. Here he permitted it to grow and multiply. From this new generation he took a minute sample, and infected therewith fresh nutritive matter, thus producing another brood. Generation after generation of bacilli were developed in this way without the intervention of disease. At the end of the process, which sometimes embraced successive cultivations, extending over half a year, the purified bacilli were introduced into the circulation of healthy animals of various kinds. In every case inoculation was followed by the reproduction and spread of the parasite, and the generation of the original disease.

In the course of his experiments Dr. Koch determined the limits of temperature between which the tubercle bacillus can develop and multiply to be 60° Fah., and a maximum of 104°.

He concludes that, unlike the bacillus anthracis of splenic fever, which can flourish freely outside the animal body in the temperate zone, animal warmth is necessary for the propagation of the newly discovered organism.

In a vast number of cases, Dr. Koch has examined the matter expectorated from the lungs of persons affected with phthisis, and found in it swarms of bacilli, while in matter expectorated from the lungs of persons not thus affected he has never found the organism. The expectorated matter in the former cases was highly infective, nor did dying destroy its virulence. Guinea pigs infected with expectorated matter which had been kept dry for two, four

and eight weeks respectively, were smitten with tubercular disease quite as virulent as that produced by fresh expectoration. Dr. Koch points to the grave danger of inhaling air in which particles of the dried sputa of consumptive patients mingles with dust of other kinds.

Commenting upon this important communication from Prof. Tyndall, the London Times points out the significant fact that though the experiments of Dr. Koch seem as yet to have been carried no further than to the repeated cultivation of the tubercle bacillus in its original virulence, they will speedily be followed, as a matter of course, by attempts at cultivation in diminished intensity. The evidence even now, the Times continues, does not rest upon the labors of Dr. Koch alone, for Prof. Klebs, five years ago, declared the infective property of tubercle to be due to the presence of a microphyte (practically a synomym for bacillus), and Dr. Schuller, of Griefswald, a resume of whose investigations was given by Mr. Simon to the International Medical Congress, has proved that the microphyte which characterizes tubercle characterizes also certain affections popularly called scrofulous, such as diseased joints and glands, and that inoculation from any of them, or with a fluid in which the microphyte has been cultivated, will infect with general tuberculosis. Dr. Schuller, according to the same authority, has also made proposals for the treatment of tubercle on the basis of its micro-parasitic origin, and has shown the successful results of such treatment upon animals which he has inoculated.—*Scientific American, May 13th.*

Prolonged Gestation.—In the May number of the New York Medical Journal and Obstetrical Review, Dr. Louis A. Rodenstein, of New York, reports four cases of prolonged gestation, and remarks that the number of cases cited upon undouted authority by every writer on obstetrics, and the cases constantly reported as occurring under the personal observation of general practitioners, go to show that prolonged gestation is not a myth, and especially that it should not be explained away by questioning the virtue of the mother. How long the duration of the period of gestation can extend beyond the normal time is not yet determined, perhaps cannot be determined, but that it may extend over two months is apparently settled. The same principle is involved, whether the uterus tolerates the presence of the child three days or one hundred and forty-five days (Prof. Meigs' Report) after the natural term of gestation has expired. He believes that, after the uterus has performed its physiological function of gestation for the natural term, it rests from the work of gestation proper. Why does it not, then, exercise the function of expulsion? That question he does not attempt to answer, but believes that after gestation has performed its proper and peculiar work the growth of the child is complete, and it thereafter lies dormant in the womb. Otherwise the child would grow to huge size, and its delivery in the natural way would be impossible; whereas in the case cited the size of the child at the expiration of the period of prolonged gestation was normal.—*Detroit Clinic.*

Vehicle for Salicylic Acid.—I have been, for three years past, using the following: ℞.—Salicylic acid, ½ ʒ; liq. acet. ammonia, ʒij; syr. limonis, ʒij; aquæ, ʒij. M. Sig.—One teaspoonful every hour.

The amount of salicylic acid can be doubled in case it is necessary, without changing the amount of the other ingredients, and given as frequently. Sometimes the syrup of lemon is not at hand, and then I proceed thus: ℞.—Salicylic acid, ʒi; liq. acet. ammonia, ʒviij; aquæ, ʒviij. M. Sig.—One teaspoonful every two or three hours.

As effervescence takes place when adding the acet. ammonia, it is best to make the mixture in some broad, tolerably deep vessel, and after subsidence pour it off. This is a most eligible preparation, as the taste is effectually concealed, and it is, in fact, quite pleasant to take. By having the ammonia in the mixture, we subserve an important end, viz: the prevention of the formation of heart clots, which, it is said, is not of unfrequent occurrence in rheumatism, and the detachment of which produces such dire and often fatal effects. Instead of the traditional "six weeks in bed," I usually have my patients able to hobble about in from four to eight days. One case in particular, in which all the joints of the lower extremity, and all of the upper, except the left shoulder, elbow and wrist, were intensely swollen, so that it was inpossible for him to move in bed, yielded so rapidly to the effects of the remedy, that at the end of four days he could hobble about on crutches, and I discharged him on that day. As this was a severe case, I gave a tablespoonful of the second prescription every two hours. These prescriptions are not original with me, and, if I remember aright, I copied them from the Brief some years ago, but the brethren will find them as reliable as I have.—*Wm. W. Moore, M.D., in Medical Brief.*

Treatment of Hay-Fever.—Dr. Herman Hager, who has observed a case of catarrh with subsequent asthmatic trouble and loss of appetite, which closely resembled the hay-fever of England and the United States, thought of trying his catarrh-pills (1), prepared after the following manner:

℞	Quinidiæ sulphatis	10.0 gm.
	Tragacanthæ	4.0 "
	Althæa rad.	1.0 "
	Gentian. rad	8.0 "
	Glycerin	7.0 "
	Acid. hydrochloric.	7.0 "

M. Make 200 pills. Take three every two hours.

(Comp. also New Remedies, 1880, 243; 1881, 254.)

The condition of the patient improved in the course of the first day, and on the second day the patient was well. Six months afterwards the attack again occurred, but yielded readily to the same treatment.

Dr. Hager thinks that hay-fever is caused more probably by the dust or spores of fungi, than by the pollen of phænogamous plants.—*Pharm. Centralhalle, No. 18.*

Effect of an Overdose of Podophyllin — amount taken about sixty centigrams (ten grains).—Prof. D. W. Prentiss reports the following case in the Medical Times: Mrs. H., aged about 45 years, a strong, healthy person, had been constipated for a week, and was feeling badly in consequence. Her husband was in the habit of taking podophyllin for constipation, and had a bottle of it in the house. Mrs. H., knowing this circumstance, got the bottle, and took out as much of the medicine as could be held on the handle of a teaspoon, mixed it with a little water, and swallowed it. The dose was taken April 9, at 5 p.m.

At 7 p.m. had cutting pains on both sides of the abdomen, with desire for stool.

At 8 p.m. feeling very badly, went to bed. The pain had ceased; there was great exhaustion, with relaxed muscles and a feeling as though the body was bathed in sweat, which it was not; then came a fearful pain in the occiput, as "though the head was being split open." This pain lasted about two minutes, and was followed by a dull throbbing ache and feeling of heaviness, so that the head could not be raised from the pillow. At 8:30 o'clock vomiting began—first the contents of the stomach, then thin, bitter, dark-green fluid—from half a pint to a pint at each attack. There were six or seven spells of vomiting between 8:30 o'clock and 4 o'clock the next morning. With each spell of vomiting the bowels moved—first constipated, then thin, watery stools, but no blood. There was no pain with the stools. Frequent sensations of heat passing over face and head were noticed. With each occasion of vomiting the exhaustion was so great that she felt as though dying. Could not raise the head or assist in the act of emesis.

I was called to the case at one o'clock in the night—eight hours after the podophyllin had been taken—when I found the patient in a state bordering on collapse: features pinched, extremities cold, pulse very feeble. Administered hypodermic injection of morphia sul. 1 centigram (gr. 1/6), atropia sul. 1/4 milligram (gr. 1-120) and followed it by sherry wine and lime-water, equal parts, small tablespoonful every fifteen minutes. Also left some morphia and atropia powders as above, to be taken every two hours if required. Hot applications to abdomen and extremities. There were two attacks of vomiting in the night after my visit, but much less severe, and on the morning of the 10th of April the patient was all right again, except the exhaustion.

Therapeutic Effects of Damiana.—In Paris Medical, No. 48, we read that damiana, turnera aphrodisiaca, is a herbaceous plant belonging to the portlaca family, and growing in Brazil and on the western coast of Mexico. Its flowers are white, and have the odor of buchu. It is gathered during August, while its stems are covered with an odoriferous gum-resin.

Damiana has for a long time been used among the Mexicans as a tonic; its stems and leaves are made into a decoction, which is taken to restore strength and nerve energy. It is also given in cases of impotency in either sex. It exerts a specially tonic and stimulating effect on the genito-urinary organs of both sexes, and

when given in medium doses, acts as an aphrodisiac, an alterative, and a laxative, with a tendency to increasing the urinary secretions and developing sexual desires. In small doses, it appears to have specific tonic effects on all the pelvic organs, and gives increased activity to the secretions. It is also recommended as a nervine.

Damiana could, therefore, be used as an aphrodisiac in spermatorrhœa, in atrophy of the testicles, and in incontinence of urine; also as a powerful stimulant of the cerebral faculties, and in all accidents attending premature labor, in difficult menstruation, and in the diseases following gestation.

The effects of damiana are quite different from those of strychnine, phosphorus, or cantharides, which are given in small doses, for the purpose of obtaining immediate results. It acts, not as an irritant, but as a stimulant of the brain, and a tonic of the nerve centres governing the urino-genital apparatus, and its use has to be continued for several weeks. Its effects are chiefly noticeable on the sympathetic nerve, and when taken in large doses, it produces a peculiar intoxication, attended with slight pains in the prostatic region. Its good effects on the kidneys, the bladder, and the genital organs, are also manifest.

In doses of a teaspoonful three or four times daily, continued for several days, damiana has a pleasant laxative effect. The fluid extract is generally prescribed; it is combined with equal parts of pure glycerine, or syrup of tolu, or a fruit syrup of some kind. It may also be taken in wine. It is given in doses of thirty to sixty grains, three or four times daily. A solid extract is also prepared, of which the dose is thirty to sixty centigrams, (=gr. iv ss—gr. ix). *Med and Surg. Rep.*, Feb. 18, 1882.

Vomiting in Pregnancy.—Dr. Crounse in Medical Annals, reports a case of obstinate vomiting in pregnancy which, having resisted many remedies, was relieved as follows—he remarks: She now insisted so strongly upon having an operation for abortion performed that I concluded to pretend to accede to her wishes, and accordingly introduced the speculum, and with a uterine sound (pointed) slightly irritated the os, intending, under cover of this, to try still further the effect of other remedies. I left her entirely satisfied, thinking the desired operation had been performed. Judge of my surprise upon being told at my next visit that the vomiting had been very slight, that she had taken and retained some liquid food, and the drooling had, in great measure, subsided. She continued in this condition four days, when the vomiting returned. I again introduced the speculum and irritated the os, this time so that a slight trace of blood was visible. The vomiting again subsided, and she was able to take and retain food both liquid and solid. There was no return of the vomiting for two weeks, when it began again, but subsided upon irritating the os as before, and thus it continued, with occasional attacks, each of which readily disappeared by the same irritating process. After the sixth month there was no return of the vomiting, and at the end of gestation I delivered her of a female child weighing $8\frac{3}{4}$ pounds.

Bandage After Delivery.—In Wisconsin State Medical Society Dr. F. H. Day, of Wanwatosa, read a paper advocating and defending the use of the binder after confinement, as a support to the recently overdistended abdominal walls, controlling excessive mobility of the uterus, and aiding in the prevention of hemorrhage. The Doctor declared that he would no sooner neglect the universal application of the bandage than neglect bandages and splints for a fractured limb. He would have the bandage worn in many cases for weeks, or even months, and would hold any practitioner to be criminally negligent who was careless or indifferent as to when or how it was applied. He believed the bandage useful also in preserving the form of the woman.

Dr. Hunt said that, though he had been taught that the bandage was an invaluable aid in preventing after pains, and in diminishing the danger from flooding, and though he had used it with those ideas during the first ten years of his practice, he had applied it but rarely for the last twelve or thirteen years, except in cases where the patient had ventral hernia, or was very corpulent. He did not believe it could be applied tightly enough to have any effect on bemorrhage without causing great discomfort. He always applied firm pressure over uterus during removal of placenta, and for five or ten minutes afterwards, which in most cases, insured permanent contraction.

Dr. Griffin spoke particularly of the theory that the binder was useful in restoring and preserving the symmetry of the form, decidedly dissenting from that opinion. He believed the binder useful as a temporary support to the recently distended and now tired abdominal walls, but that its use was limited to a very short time, and that in most cases it became a discomfort and a nuisance to a woman after a very few days.

Dr. Vivian believed the bandage wholly useless, except for the temporary feeling of comfort it gave the mother.

Typhoid Diarrhœa.—Upon admission patient was somewhat prostrated; has diarrhœa and tenderness in the epigastric region; the tongue is slightly coated in centre, moist; appetite poor; pulse slow; no fever. Heart, lungs and urine normal. Ordered quinine gr. viij. daily. Hope's camph. mixt. f. ℥ss. as needed, and liquid diet.

April 20th. Diarrhœa has been checked, and he feels much better.

April 25th. Feels very well; bowels regular; appetite good. Temperature has ranged from 98° F. to 98.5° F.

CASE V. Diarrhœa with typhoid prostration. M. Z., aged 29, born in Germany, laborer; admitted April 17, 1882; discharged April 25, 1882, cured. Eight days ago, while working at a sugar refinery, he began having diarrhœa and pain in the bowels, and these have continued up to the present time.

Upon admission his face is slightly flushed, and he has a typhoid appearance; is somewhat prostrated; tongue coated in centre, moist; pulse slow, bowels were opened six times during the night. He has no fever, and there is no fullness of the abdomen. Exam-

ination of heart, lungs and urine gives negative results. Ordered Hope's camphor mixture f ℥ss. to be given as needed, quinine gr. viij. daily, and liquid diet.

April 23d. Feels very well; bowels regular; no pain; appetite good. Temperature has ranged from 98° F. to 98.5° F.

CASE VI. Diarrhœa with typhoid prostration. M. W., aged 19, born in Germany, single, laborer; admitted April 24, 1882; discharged April 29, 1882, cured. Has generally been very healthy. Came to this country eight months ago; two weeks ago he began working at a sugar refinery; about two weeks ago he was taken with diarrhœa, which has since become worse; has not had any nausea or pain.

Upon admission patient is slightly prostrated; face flushed; temperature also subnormal, 98° F.; tongue slightly furred, moist; pulse slow; appetite poor; bowels loose. Examination of heart, lungs and urine gives negative results. Ordered Hope's camphor mixt. f ℥ss. to be given as needed.

April 29th. Diarrhœa has been checked, appetite has improved, and he seems very well again.—Dr. Hutchinson in *Boston Med. Journal.*

Treatment of Acute Dysentery with Aconite—Dr. William Owen (Indian Medical Gazette) reports one hundred and fifty-one cases of acute dysentery occuring in the Convict Hospital, Port Blair, India, which were treated with tincture of aconite. All the cases were typical examples of acute dysentery; and all, with one exception, recovered. He states that he was led to give aconite a trial, as the remedy most likely to be successful, from the following considerations: 1. From its beneficial action in other acute inflammations; 2. From its effects on the capillaries of the skin which it dilates, thus relieving internal congestion; 3. From its antipyretic action in febrile cases; 4. From its sedative action on the mucous membrane of the stomach and intestines, and its beneficial action in some forms of dyspepsia. In the first case in which he tried this remedy he was somewhat diffident, and he had ten cases in which a combined treatment of ipecac and aconite was used. However he soon discontinued the ipecac entirely, finding there was no occasion for its use.

Dr. Owen gives one minim every quarter of an hour for the first two hours, and a minim every subsequent hour, or thirty minims in twenty-four hours. This method he finds to be followed by the best results, inasmuch as the action of the medicine is more rapidly established, and an effect on the disease was more quickly produced than by the other methods.—*Med. News.*

Liebig's Corn Cure.—Extract cannabis indica 5 parts; salicylic acid 30 parts; collodion 240 parts; mix and dissolve. It is applied with a camel-hair pencil, so as to form a thick coating, for four consecutive nights and mornings. The Indian hemp acts as an anodyne, and the acid disintegrates the corn, so that after a hot bath on the fifth day it will come out, adhering to the artificial skin of collodion on the toe. This causes no pain and is said to be very effective.—*Mich. Med. News.*

Rules of Practice in Operating upon Pregnant Women.—Dr. A. Verneuil (International Surgery, vol 1., p. 334) gives the following: Operate at once upon those affections which immediately endanger the life of the mother, and against which medical treatment would be certainly or almost unavailing.

Operate also at a suitable time, and after having tried palliative or curative remedies, in those diseases which, though not immediately compromising life, endanger it by their progress, and tend to become incurable if not met with energetic treatment. Operate also in those affections which without disturbing pregnancy and without being aggravated by it, become at its termination causes of dystocia. In these cases the surgeon may operate before or at the very period of delivery, upon the mother or upon the fœtus, the premature expulsion of which may be induced. An attempt should be made to save both mother and fœtus, but this being impossible the latter must be unhesitatingly sacrificed to the former.

Abstain as far as possible from every operation in those affections which are uninfluenced by pregnancy—and which in turn only compromise pregnancy and parturition indirectly—by as far as possible allowing nature to act, and by aiding her by mild measures.

Abstain absolutely from every operation for affections which compromise only the form or function of the organs of secondary importance, or which are susceptible of spontaneous cure after delivery.

Avoid, as far as possible, every operation during the puerperal state. In case of danger, operate rather during pregnancy, and under opposite circumstances, postpone interference until a period sufficiently remote from delivery.—*American Med. Weekly.*

Cholera Infantum.—Dr. S. Perry says, in American Medical Weekly, of cholera infantum: I used to be greatly troubled with this disease in my practice, and have tried most of the remedies suggested by medical writers; but with poor success. The remedy I find to answer the purpose, and worth all others combined, is sulphuric acid. After a dose of calomel and castor oil, the sulphuric acid, with a small quantity of quinine. In addition use starch and laudanum enemas. Whoever tries this remedy will not be ashamed of his success in the treatment of cholera infantum. I have tried sub-nitrate of bismuth, and many other articles. They are nothing compared with the acid treatment.

I have practiced medicine for thirty years and have seen many remedies, and almost as many failures.

Antidote for Strychnine.—The British Medical Journal of March 11, 1882, stated that Messrs. Greville, Williams & Waters of the Royal Society, have discovered an antidote for strychnine. The substance is named *lutidine*, and is obtained by distilling cinchonine with caustic potash. The efficacy of the remedy has been tested by experiments on frogs. The results of the experiments are most promising and lend encouragement to the hope that, at least, a reliable antidote has been discovered.—*Canada Lancet.*

Treatment of Rabies with Hoang-Nan.—Hoang-nan is a creeper found in the mountains sedarating the kingdom of Annam from Laos. This plant belongs to the family of Loganiaceæ. So says Dr. Lesserteur. It produces the same physiological effects as strychnia and brucia. However, under its influence, it is always the lower limbs which first are affected with tetanus, and in which the greatest amount of contraction is observed after death.

The Tonqua remedy is prepared after the following formula:—Alum, 1 part; native realgar, 2 parts; bark of hoang-nan, 2 parts; the whole is powdered and made into pills containing each 25 centigrammes of the mixture.

Hoang-nan alone and the above mixture have been used as remedies for the leprosy, rabies, bad ulcers, scrofulidæ, paralysis, etc. It is reported to have marvelous effects in leprosy, yet experimenters have not met with any success. It has the reputation of being infallible for rabies, even when in its worst period, but such affirmations have not scientific value.

The Tonqua remedy was known at the beginning of the last century; it was then composed of cinnabar and musk. It seems to have rendered good service in the hands of the physicians of the time, in the treatment of rabies.—*Paris Medical.*

The Proper Dose of Conium.—Seguin (Archiv. of Medicine, April, 1882), commenting upon the dose of this agent (he employs the fluid extract, Squibb), says that to get any effect from it we must use much larger doses than are usually recommended. He says use it in chorea, spasm or paralyzed limbs, general irritability, and insomnia. To obtain muscular relaxation as in chorea, after a few tentative doses of 20 and 40 minims, he gives 60, 80 or even 100 minims, which cause ptosis (sometimes diplopia) and paresis of arms and legs. He does not repeat until the effects have passed off—12 to 24 hours. He has almost perfectly cured a chronic adult chorea of 14 years duration by teaspoonful doses daily for a month or more. Many cases of insomnia with wakefulness in the first part of the night, more especially those with fidgets or physical restlessness are very much benefited by conium —m. xx with gr. xx bromide of potassium, to be repeated if necessary. The indications of conium can only be fulfilled by obtaining its physiological effects between which and the toxic effects there is a wide distance.—*Md. Med. Jour.*

Relief of Pain in Lead Colic—Dr. Geneuil, in a note to the Bulletin de Therapeutique, after alluding to the various means adopted for the relief of the terrible pains of lead colic, as rubefaction by synapisms, chloroform, electricity, and hypodermic injections of morphia, relates a case to which he was called in the country, where none of these means were at hand, and in which he succeeded in giving complete and permanent relief by a very simple procedure. Having directed a napkin to be heated at the fire, he first applied a towel wetted with almost ice-cold water to the whole surface of the abdomen, while the patient was shrieking with pain, and having retained it there for four or five seconds,

rapidly replaced, it by the almost burning napkin. The effect was like enchantment, the pain instantly disappearing and sleep following, without any return of suffering. The cause of the colic was at first obscure, but was found to depend upon the patient, who was an inveterate smoker, and had very often in the day to relight his pipe, which he did by means of matches colored with chromate of lead.—*N. Y. Med. Record.*

Can a Man Have Syphilis Twice?—The man whom we have just seen offers a remarkable example of the occurrence of a second chancre soon after the first. His second sore has been, as I have repeatedly demonstrated, characteristically indurated. He is quite candid, and made no doubt that this sore was the result of contagion; yet it is barely a year since he had his first chancre, and this was followed by an eruption, of which he had scarcely got clear when this second sore occurred. The case is proof that man may have an indurated sore on the penis within a year of the former one; but it is not proof that he may have syphilis twice; for this patient has not as yet had any constitutional symptoms as the result of the last chancre. If, however, you ask me for an answer to the general question, Can a man have true, complete syphilis twice? then I must reply clearly that he can. Such cases are rare—as rare, perhaps, as second attacks of small-pox—but they do occur.—*Cincinnati Lancet and Clinic.*

Unquestionably, a man may have syphilis again and again, and this fact is very strong as an argument in favor of the *curability* of the disease. Prof. Roswell Park, of Chicago, reports, in a recent number of the Southern Clinic, the case of a patient under his care with a second attack of syphilis.—[*Ed. Southern Clinic.*

Wight on the Combating of Small-Pox.—This is a paper read before the Ann Arbor Sanitary Convention. As its author is the present efficient and able health officer of Detroit as he formerly was of Milwaukee, we have read his paper with more than usual interest.

He shows that inoculation failed to be a satisfactory method of combatting small-pox.

He calls attention to several groupings of facts showing that vaccination furnishes the best method for fighting small-pox:

1. The great mass of enlightened people believe in it.
2. Educated medical men are almost unanimous in favor of vaccination.
3. The governments of nearly all civilized nations favor vaccination.
4. Statistics on a large scale demonstrate the utility of vaccination.
5. Special statistics also demonstrate the benefits of vaccination.

As to the degree of protection of vaccination when it is properly performed, it is as complete a proteetion as small-pox itself.—*Detroit Lancet.*

Micro-Organisms and Disease.—Dr. Declat, with the object of going straight at the source of the mischief, suggested the vigorous use of phenic acid, by injection into the veins and otherwise, as a means likely to prove effective against the organisms of yellow fever and kindred acute forms of malarial poisoning. The suggestion went out to Brazil, and in June last M. DeLacaille, a French physician resident in Rio, wrote home his experience of it. The first case in which he tried it was a young lady apparently on the point of death from the worst form of the disease—a fever attended with the fatal black vomit. In three days she was out of danger. "During the thirty years in which I have been employed in fighting yellow fever," writes M. De Lacaille, "this is the first patient whom I am certain of having snatched from death at such a period of the disease." In a dozen other cases the treatment was crowned with equal success; but in most of them, adds M. De Lacaille, "the cure was so rapid that, notwithstanding my long experience, I have asked myself if they could really have been yellow fever. Called in at the period of incubation, the triumph is easy."—Cameron, Social Science Congress.—*N. Y. Med. Times.*

Pruritus Ani.—For twenty years I have suffered from that annoying disease.pruritus ani, and had placed myself under the care of various physicians at different times, but without the least benefit. About two years ago, I noticed a brief paragraph in the Medical News, to the effect that balsam Peru would relieve that trouble. I tried it: and it gave immediate and entire relief. The disease still clings to me; but, when it becomes annoying, a single application of the balsam affords relief. Of all the medicines which I have tried, this is the only one that has had any effect.—*Cin. Lancet and Clinic.*

Jamaica Dogwood.—A writer remarks: I employed it with success in several cases in which opium could not be tolerated. The necessity for an anodyne in these cases arose, respectively, from the pain following an operation, from idiopathic inflammation, and from neuralgia. I should regard its anodyne properties, however, rather less powerful than those of opium, although its hypnotic action is more decided. I believe it will take rank between chloral and opium for its anodyne and hypnotic properties, while it is devoid of objections peculiar to each of these drugs. Dose, half to one drachm.—*Therapeutic Gazette.*

Treatment of Gonorrhœa.—Mr. W. Watson Cheyne, Asst. Surg. King's Coll. Hosp., in British Medical Journal, states that a bougie composed of fifty grains of iodoform, ten minims of oil of eucalyptus, and eighty-five grains of cocoa-butter passed into the urethra and secured by pad and strap at the meatus, allowed to dissolve and followed by an injection of boracic acid solution ("saturated solution of boracic acid") or an emulsion of eucalyptus oil "(one ounce of eucalyptus oil, one ounce of gum acacia, water to 40 or 20 ounces) to be used for two or three days," will effect a cure in ten days.—*Canada Med. Record, Oct. 1881.*

Incompatibility of Salicylate of Sodium with Spirits of Nitrous Æther.—A. W. Gerrard (Pharm. Journal and Trans., Nov. 8, 1881,) states that his attention has been called to a chemical reaction not generally known to prescribers, viz: that between salicylate of sodium and sweet spirits of nitre. The mixture gradually assumes a dark color, becoming at length nearly black, and letting fall a black deposit. The change takes place more rapidly in the light, and is brought about immediately by heating the mixture, although in that case the color does not become so dark. Together with the change in color there is developed an odor resembling that of gaultheria, so it is probable that there is formed in the reaction sodium nitrite and ethyl salicylate, but there must be also more complex changes to account for the darkening of the mixture.—*Detroit Lancet.*

Beef Tea and Coca.—At Charity Hospital, New York, Miss Corson said:

When a nutrient tonic is required, beef tea with coca infusion is one of the best known to the medical profession. Coca leaves, which come from South America, can be purchased at any large drug store. The coca is used to sustain strength and to stimulate the system when it is exhausted. To make the tonic, pour a half pint of boiling water on an ounce of dried coca leaves, and let it steep for an hour, keeping the water hot, but not boiling. Strain the coca infusion, and mix in equal parts with the beef tea, and the tonic is ready for the patient. It has a very unpleasant taste, judging from the faces of some of the ladies who ventured to introduce it into their mouths, but it is very effective.

Giteau's body is to have a thorough post mortem performed upon it, with a view to settling the question of insanity. We are glad they are to settle it in this way. If all murderers who plead the insanity dodge, were only hung, and then the question of responsibility settled by autopsy, there would be fewer murders. Do so some more, Messrs. Lawyers.—*Ex.*

Cause of the Decay of Teeth.—In a recent work by A. Weil, ("Zur Ætiologie der Infectious-krankheiten"), says Nature, the cause of the decay of teeth, whether external or internal, is stated to be the schizomycetous fungus, Leptothrix buccalis. The fungus can readily be detected by its acid reaction.—*N. Y. Med. Times.*

Chloral Enemata in Vomiting of Pregnancy.—Dr. Vidal (Paris Medicale) claims to have overcome vomiting of pregnancy by injecting 15 grains of chloral hydrate in infusion of orange leaves, twice daily. Dr. Dussand, of Marseilles, also claims good results from the same treatment.—*Chicago Med. Review.*

Expert's Fees in Courts of Justice.—The Supreme Court of Boston has decided that a physician is not bound to give his professional opinion for nothing, and that he can claim payment as an expert.—*Boston Med. and Surg. Reporter.*

SCIENTIFIC ITEMS.

The Telephone is now made to serve the diver in reporting what he has discovered or in receiving instructions from above. One of the glasses made in the helmet is replaced by a sheet of copper, into which the telephone is fixed, so that the diver, when at the bottom of the sea, has only to turn his head slightly in order to receive directions. It was the custom formerly to pull the diver up at intervals for reports and instructions, which was more or less dangerous.—*Mechanical News.*

How Fast Does Niagara Recede?—The river distance from the falls to the mouth of the canyon is about ten miles. If the maximum estimate of our engineers of an inch per year is allowed, the falls have been 1,267,200 years in reaching their present position. The river distance to Buffalo is 2½ times as long, an equivalent of 3,168,000 years. The bed of the river from the falls to the outlet of Lake Erie was ascertained by thousands of soundings to be bed-rock, so that a natural drainage of the great lakes by the Niagara river need not be anticipated as long as man may be permitted to exist.—*Mechanical News.*

Unexplored Countries.—According to an English geographical writer, there are four vast areas still to be opened up or traversed by civilized man, and which, among them, constitute about one-sixteenth of the whole area of the globe. Of these, there is the ant-arctic region, which in extent is about seventy-five times that of Great Britain; the second lies about the north pole; the third is Central Africa, and the fourth is Western Australia. The south polar region referred to is almost conterminous with the ant-arctic circle. The vast African area reaches on the west very closely to the coast, and it is only near the equator that it has more than superficially been driven inland. In Australia, the great undeveloped region is that which lies west of the track explored from North to South by Stuart, and which now forms the line of telegraphic communication across that continent.—*Mechanical News.*

Effect of Compression on Solids.—A German chemist has recently published an interesting memoir, giving the results of a series of experiments as to the effect of powerful compression on various bodies. The substances experimented with were taken in fine powder, and submitted in a steel mould to pressures varying from 2000 to 7000 atmospheres, or about 7000 kilograms per square centimeter. Lead filings at a pressure of 2000 atmospheres, were transformed into a solid block, which no longer showed the least grain under the microscope, and the density of which was 11.5, while that of ordinary lead is 11.3 only. At 5000 atmospheres the lead became fluid and ran out through all the interstices of the apparatus. The powders of zinc and bismuth, at 5000 to 6000 atmospheres, gave solid blocks having a crystaline fracture. To

ward 6000 atmospheres zinc and tin appeared to liquify. Powder of prismatic sulphur was transformed into a solid block of octahedric sulphur. Soft sulphur and octahedric sulphur led to the same result as prismatic. Red phosphorus appeared also to pass into the denser state of block phosphorus. A certain number of pulverized salts solidify through pressure, and become transparent, thus proving the union of the molecules. At high pressure the hydrated salts, such as sulphate of soda, can be completely liquefied. Various organic substances, such as fatty acids, damp cotton and starch, change their appearance, lose their texture, and consequently undergo considerable molecular change.—*Boston Journal of Chemistry.*

M. Pasteur.—It required no ordinary moral courage for M. Pasteur, the distinguished biologist and investigator in the department of germinal organisms, to announce himself a spiritualist, at his brilliant reception at the French Academy, April 27th. His position was perhaps as enviable as any that a scientific man can hope for, surrounded as he was by an assemblage which embraced the most learned and brilliant men of the age. It was the occasion of his introduction to the Academy, when he gave an address commemorative of M. Littre, to whose chair he succeeds.

It is not supposable that, in the use of the term, he intended to have his associates understand that he has any affiliations with the long-haired, peripatetic philosophers who exhibit as mediums in various parts of the world, but rather that he discovers in the psychical phenomena called spiritualistic the elements of fact. A more extended, careful, unbiassed study of this class of phenomena by scientific men has undoubtedly resulted in establishing in the minds of many a clear conviction of their verity; but there are few who have the courage openly to avow their belief.—*Boston Journal of Chemistry.*

IN the tropics of the Old World the annual rainfall is, according to Dana, about 77 inches, while it is 155 inches in South America. In the Eastern United States, it is 40 to 50 inches; but west of the one-hundredth meridian, beyond the Mississippi to the Sierra Nevada, it is mostly 12 to 16 inches. The annual amount in Great Britain averages 35 inches; in France, 20 to 11 inches; farther from the coast, in Central Germany and Russia, only 15 to 20 inches; but about the Alps, it is mostly 35 to 50 inches.—*Ex.*

THE degree of heat necessary to destroy trichinæ in pork is a matter of importance as a safeguard against trichinosis. A German microscopist states that only the most thorough cooking of meat will insure perfect safety, as pork cooked to the degree known as "rare" may still contain the living parasites so much dreaded.—*Ex.*

THE researches of P. Plantamour have shown that every rise in temperature is accompanied by an elevation of the ground, and a fall of the thermometer is marked by a sinking of the ground level. The extent of the movements is in some cases quite remarkable.—*Ex.*

PRACTICAL NOTES AND FORMULÆ.

Cinchonic Mixtures.—

RHEUMATIC MIXTURES.

Sulphate of quinia	30 grains,
Iodide of potassium	15 "
Dilute sulphuric acid	15 drops,
Distilled water	4 ounces,
Simple syrup	1 drachm.

Mix. Dose, a teaspoonful every two hours.

SWEET QUININE MIXTURE FOR CHILDREN.

Sulphate of quinia	15 grains,
Cold infusion of coffee	3 ounces,
Syrup of chloroform	12 drachms.

SYRUP OF CHLOROFORM.

Chloroform	20 drops,
Alcohol	90 minims,
Simple syrup	3 ounces.

Mix the chloroform and the alcohol, and to the solution add the simple syrup. A good addition to bitter mixtures and drops.

FEVER SYRUP FOR POOR PEOPLE.

Quinoidine	30 grains,
Citric acid	05 "
Alcohol	100 "
Syrup of coffee	2½ ounces.

Dissolve the acid and the alkaloid in the alcohol, and add the syrup in the solution.—*Monthly Review of Med.*

Treatment of Eczema.—In chronic eczema, especially in infants, and in eczema of the face, Dr. Lassar recommends an ointment. The formula for an ointment in eczema of the face, which cannot be rubbed off during sleep, is—

Salicylic acid	ʒss;	2.00 gm.,
Oxide of zinc, Starch	aa ʒvjss;	25.00 gm.,
Vaseline	ʒxiij;	50.00 gm.

Diarrhœa.—In certain cases of diarrhœa characterized by a want of intestinal tonicity, A. W. Hagenbach, M. D., (Chicago Med. Jour. and Exam.) has used the following with marked success—

℞	Olei terebinth	fl. ʒij;	8.00 fl. gm..
	Tinct. opii	fl. ʒiij;	12.00 fl. gm.,
	Syrup kramariæ	fl. ℥ ij;	60.00 fl. gm.,
	Aquæ puræ, ad	fl. ℥iv;	120.00 fl. gm.,

M. Emulsif. Sig. A teaspoonful every three or four hours.

Treatment of Uterine Fibroids.—Fibroids of the uterus may often be successfully treated by the use of suppositories of ergotin, made according to the following formula:

Ergotin	gr. 1-12; 0.005 gm.,
Coca butter	gr. xxiij; 1.50 gm.
Vaseline	q. s.

For one suppository.

These suppositories are of equal use in cases of menorrhagia, metrorrhagia, and chronic metritis.—*Le Progres Medical: Lond. Pract.*

Hope's Camphor Mixture.—

℞	Acidi nitrosi	1 drachm,
	Tinct. opii	40 drops,
	Aquæ camph	8 ounces.

M. Dose, one or two tablespoonfuls in diarrhœa or dysentery every two to four hours.

Pills for Constipation.—*Lay.*

℞	Quiniæ sulphatis	
	Piperinæ	aa, gr. xv,
	Hydrarg. submuriat	gr. xii,
	Ext. nucis vomic	gr. iv.

Ft pills no. xxx.

M. S. One pill morning and evening.—*N. O. Med. Jour.*

Treatment of Dysentery.—*Defize.*

℞	Decocti cinchonæ	fl. ℥vi,
	Potass. chloratis	℥ss. *M.*

S. All to be taken in the course of twenty-four hours.—*Ibid.*

Blue Ointment for Ring-Worm.—*Claudat.*

℞	Adipis	℥vi,
	Glycerinæ	fl. ℥ii,
	Sodii carbonat	℥i,
	Calcis pulv	℥ss,
	Carbonis (liq.) pulv	℥iss.

M. S. Before applying this salve remove scabs by using starch poultices. Treatment should be kept up two or three months, in cases of tenia tonsurans.—*Ibid.*

Treatment of Laryngeal Phthisis.—*Cadier.*

Pencil the ulcerated surfaces with the following mixture:

℞	Glycerinæ	fl. ℥i—℥ii.
	Alcohol	fl. ℥v—℥viii,
	Creasoti	m. xv.

M.—*N. O. Med. Jour.*

Oil of Turpentine in Mixtures.—Oil of turpetine is a medicament that few patients can take without disgust. Ordinary sulphuric ether, luckily, has the property of modifying its persistently unpleasant flavor. The following mixture has been found to be very beneficial in vesical catarrh, neuralgia, and sciatica:

Oil of turpentine	2 drachms,
Sulphuric ether	1 drachm.

Mix by shaking violently, and add

Syrup of orange flowers	1 ounce,
Water	4 ounces.

A teaspoonful to be taken every two hours.—*Drug. Cir.*

Hardy's Ointment.—This ointment, used in France to prevent falling off of the hair, is given as follows by Bourchardat (Ann. de Therap.):

Beef fat	17 drachms.
Castor oil	6 "
Gallic acid	30 grains,
Vanilline,	q. s.

—*Druggist's Circular.*

Pills for Dyspepsia.—

Diastase	10 grains,
Pepsine	50 "
Extract of gentian	50 "
Tartaric acid	50 "
Powdered rheubarb	50 "

Gentian, sufficient. Divide into three-grain pills.

Dose, two to three pills during meals or shortly before.—*Drug. Circular.*

Arsenical Treatment of Chorea.—M. Siredey, we read in the Revue de Therap. Med et Chirurg., has long had recourse to arsenic in the treatment of rheumatismal chorea, and has had good results from this medication. He uses the solution of Bondin:—

R	Ac. arsenious,	gr. xv
	Aquæ destill.,	Oij.

M. This is allowed to boil for about a quarter of an hour, and is then ready for use. The extreme dilution of the solution is favorable for its use among children. For a child from six to ten years of age, about one drachm and a half may be given daily, in divided doses, in sweetened water. In this way the medicament is generally well tolerated.

Dr. Sottmann, of the Breslan Clinic, constantly prescribes the following solution in chorea:

R	Liquor Fowlere,	m iv
	Aquæ,	ʒ ij.

M. This quantity to be taken in divided doses daily. He generally obtains a complete cure in from 16 to 21 days.

In some cases he adds from 8 to 15 grains of chloral to the prescription. He has generally found that anæmic children, and those of hereditary nervous disposition, bear this form of medication well.—*Med. & Sur. Reporter.*

New Treatment for Vaginitis.—M. Terrillon proposes a method of treatment which consists essentially in the introduction into the vagina of the following ointment:

℞ Ac. tannic,..... 50 grams.
Amyli,..... 150 grams.
Ung. petrolei,..... 150 grams

M. This ointment is placed in a sort of speculum, so arranged that the ointment can be forced out as the instrument is withdrawn from the vagina. If the vulvar opening is large a small tampon of cotton may be introduced.

Generally from fifteen to twenty grams of the unguent is sufficient at one application, and it need not be repeated for seven or eight days.—*Med. Surg. Record.*

Boils.—Boracic acid applied to boils before or after incision, says an exchange, will promptly arrest their development.

Quinidia Combination for Intermittents.—Reed recommends the following formula in the treatment of intermittents:

℞ Quinidiæ sulph..... grs. xxx
Oleo-resinæ capsici..... grs. iij
Morphiæ sulph..... gr. j
Syrupi..... q. s

M. Ft. pill., No. x. Sig. One every three hours.

He says that if a cholagogue cathartic be given at the start, and a full opiate (preferably a hypodermic injection of morphia) an hour before the expected paroxysm, this combination has been uniformly successful in his hands, even in most obstinate cases of intermittents.

In cases of malarial cachexia he finds that many recover under the influence of sea air, without any medication. When the latter is necessary he has seen excellent results from small doses of nux vomica combined with the sixteenth of a grain of podophyllin, or one-fourth of a grain of blue pill, and repeat every four or six hours.—*Med. and Surg. Rept.* Jan. 10, '80.

Hot Water for the Heart.—Dr. A. Paggi records the following observation: He states that in Paris he saw a case in which, under the inhalation of chloroform, the heart ceased to beat, and artificial respiration for ten minutes failed to restore circulation, when Dr. Labbe dipped a cloth in boiling water and applied it in the region of the heart, with the result of immediately restoring the action of that organ.—*N. Y. Med. Times.*

Quinia in the Treatment of Cholera Infantum.—Dr. Otis T. Manson, of Richmond, says he has not lost a case of this disease since employing quinine in conjunction with calomel. Quinine is given until full physiological effects are obtained.—*Cincinnati Obstet. Journal.*

EDITORIALS AND MISCELLANEOUS.

DON'T PUT IT OFF longer or forget to remit your back dues on subscription.

GO THOU AND DO LIKEWISE.—Dr. A. K. Davis writes: "It has just occurred to me that I have not paid for my Journal for last year, and now half the present year is gone. Accept the enclosed four dollars, and excuse me, for I have treated you badly." [Let all our friends who are in the same category, take counsel of Dr. D.'s good resolution and do as he did.—MANAGING EDITOR.]

SOUTHERN MEDICAL COLLEGE—See the advertisement of this Institution in the present number of this journal.

JEFFERSON MEDICAL COLLEGE.—We invite attention to the advertisement of the above Medical College in this journal.

PEOPLE'S CYCLOPEDIA.—Don't fail to read the advertisement of this great book and notice the proposition of the editor in connection with it.

DR. JNO. THAD. JOHNSON, one of the editors of the Atlanta Medical Register, has resigned his connection with that journal, which is now wholly conducted by Dr. J. B. Baird, of this city.

THE PHARMACOPŒIA.—The Publication of the revised Pharmacopœa has been awarded to Wm. Wood & Co., of New York. There bid was ten per cent. royalty, and a guarantee of the sale of 11,000 copies the first year.

THE SOUTHERN DENTAL JOURNAL, edited by B. H. Catching, D. D. S., and published in Atlanta, Ga. This is a beautiful and ably edited Journal. All men of the Dental profession in the South should take this Journal. We note in it many articles of value and interest to the Medical Practitioner.

CORRECTION.—Dr. Arch Dixon, author of the interesting article on Malarial Coma, in our May number, asks us to make the following corrections in said article. On page 167, nine lines from the bottom, read *with* pulmonary etc., and in the line below this instead of valuable *remedies* read valuable *time.*

TRANSACTIONS OF THE MICHIGAN STATE MEDICAL SOCIETY FOR THE YEAR 1881.—We have been favored with the above by Recording Secretary Geo. E. Ranney, M. D. Late but welcome. The following are the officers of the society for the ensuing year:

President—Dr. J. H. Jerome, of Saginaw city.

Vice President—Wm. T. Breakey, of Ann Arbor.

Secretary—Geo E. Ranney, of Lansing.

The report is creditable and contains a number of valuable and interesting papers.

The meeting for 1882 was held in Ypsilanti on the second Monday in May last.

PLANK SIDE WALKS—THEIR EFFECT UPON HEALTH.

Dr. R. L. Hinton, writes:

Mr. EDITOR.—Will you allow me space to ask for information in reference to plank side-walks, as regards their effect upon the health, when extensively used. Information from any of my professional brethren who have had sufficient observation to give anything like a positive and definite reply, will be thankfully received.

Respectfully, etc.

R. L. HINTON,
President Board of Health, Prescott, Ark.

[Will be pleased to have a response to the above inquiry, and if Dr. H. himself has any special view on the subject, we hope he will give them to the Profession through our Journal—ED.]

SOUTHERN MEDICAL COLLEGE HOSPITAL.

The Trustees of the Southern Medical College, Atlanta, have secured the Central Hotel property, on Ivy street, for hospital purposes, to be under the medical supervision of the faculty of said institution. It is being now rapidly repaired and fitted up, and will go into speedy operation. The building is a large one, and the lot on which it stands connects with the college lot, and will be very convenient to the students of the Southern Medical College, to whom it will give special advantages in the acquirement of practical instruction in the line of their studies.

FOURTH ANNUAL REPORT OF THE BOARD OF HEALTH OF AUGUSTA, GA.

For a copy of this able and interesting report we are indebted to Dr. Eugene Foster, the able and indefatigable President of the Board. "The report includes the annual address of the President of the Board; the annual report of the Secretary; the mortuary tables for the year 1881; the expenses of the Board for the past year; the estimate of expenses for the year 1882; details of the principal acts of this Board for 1881, with detailed reports of the Sanitary Inspectors."

AMERICAN MEDICAL ASSOCIATION.

As we go to press we have not received the full proceedings of the American Medical Association, which assembled, the present year, at St. Paul, Minnesota. As was anticipated, the late action of the New York Medical Society in relaxing the code of ethics in the matter of consultations was denounced,and the old established code reaffirmed. The right of the New York deligates to seats in the Association was early introduced and referred to the Judicial Council, who reported adversely amid loud and repeated applause of the body.

Several State societies have taken similar action, condemning the action of the New York society, and nearly all the medical journals have likewise denounced the measure. The New York Medical Record being almost alone in its support of the new departure.

JOURNALISM IN THE SOUTH.

In former times the rule was failure in respect to all efforts of medical journalism in the Southern States, and even now the difficulties of the Southern journalist are far greater than in the Northern States. It may well be asked why is this the case? To this question we have to make the humiliating answer that a great many practitioners do not take the journals, and do not read or encourage the medical literature of their section. And the majority of those who do read take the Northern journals in preference to Southern journals, under the mistaken impression, perhaps, that they are better, or frequently because they are cheaper. The duty of sustaining the literature of their own section is disregarded, and the important fact that the diseases and the practice at home are different does not seem to be considered. While this is true of the Southern physicians, the reverse has not been the case with Northern physicians. Southern doctors take Northern journals, but Northern doctors do not take Southern journals.

We are glad to report some recent indications of improvement upon the points mentioned--a growing appreciation of the ability and practical features of the Southern journals and of their superior adaptation to the wants of the Southern practitioner. While an occasional new subscriber from the North shows that even they are beginning to discover that something good may come out of Nazareth. Let the friends of the RECORD stand by us. Let them write for us, sending short, interesting and practical articles; and let them use their influence in extending our circulation, that our journal may, in the future, as in the past, maintain a growing and constantly increasing interest and usefulness as an exponent and representative of medical literature in the South.

RECEIPTED.

1881.—Drs. D. S. Ellis, M. B. Willis, H. Thomas, R. L. Baker, E. N. Barton, H. H. Philpott, Robert L. Mason, T. H. Rallins, K. L. Minor, Jno. M. Strong.

1882.—Drs P. J. Parker, J. L. Hamilton, W. Jones, H. E. Archer, J. H. Henry, D. S. Aswell, W. T. Foute, Z. D. Emerson, D. R. Fox, T. S. Lyon, P. Taylor, E. A. Speed, J. B. Gordon, B. B. Dee, R. B. McCants, D. Maxwell, W. Jones, Charles G. McManaway.

SPECIAL NOTICES.

THE art of sugar-coating pills so as not to impair their solubility, but to preserve the composition, keeping it soft and plastic, has acquired for **Messrs. Warner & Co.**, a world-wide reputation. Physicians may rely upon the purity of the drugs used, and upon the mathematical nicety in which their pills, "granules," and "parvules" are divided. Every doctor may be his own druggist, and at the same time save himself the drudgery of it by using WARNER'S preparations. A bottle of Quinine Pills recently sent us by this firm satisfies us that this firm is fully maintaining its reputation.—*North Carolina Medical Journal, July*, 1879.

PARKE, DAVIS & CO.—The enterprise of this great house, located at Detroit, Michigan, is perhaps unprecedented. Their efforts in bringing new and foreign remedies before the Profession, despite the opposition which has been made, have been eminently successful, and their late enterprise, *The Working Bulletin*, in which they will give and put upon record the botany and description of drugs, with experiments and reports as to their properties and effects, must prove of essential and permanent interest and usefulness to the Profession and to Science, adding to the armamentarium of the practitioner and enlarging our pharmaceutical literature.

LOUISVILLE, KY.

I have used CELERINA in several cases of general nervous debility in female convicts at the City Work House, and can say from the results in these cases I consider it surpasses Bromides and Hydrate Chloral. I can cheerfully recommend it to the medical profession, and will continue its use at City Work House.

M. K. ALLEN, M. D.
Physician in charge City Work House.

NOW that the father of antiseptic surgery has placed carbolic acid under ban, and recommended eucalyptus as an efficient substitute for it, we would advise physicians to give *LISTERINE* a trial. Eucalyptus is one of its constituents; and the preparation, being a perfect solution, is presented in a form most convenient for general use.—*Louisville Medical News, June 25th*, 1881.

More of **ELLIOTT'S** SADDLE BAGS are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the ELLIOTT. Doctors that do the same thing get the standard article. Send for circular to A. A. MELLIER, 709 Washington Avenue, St. Louis, Mo.

C. H. F. ROUTH, M. D., Senior Physician to the Samaritan Hospital for Women and Children, etc., 52 Montague Square, London, 17th April, 1878, writes:—I have made careful and repeated trials of your Fluid beef, and am eminently satisfied with it. It affords sustenance, and is well borne by weak stomachs. It seems to me to fulfil a desideratum long sought for, and I feel much obliged to you for bringing it before my notice. I trust you will have depots in London soon, for a Beef Tea containing albumen and fibrine in such large quantities, and in such a readily assimilable mixture, will prove of the greatest value to the treatment of disease.

HYDROLEINE.—Dr. Truesdale, of Mt. Jackson, Pennsylvania, writes: I have used "Hydroleine" in a number of cases in my practice for the last three or four months, and where it has been thoroughly tested, am well pleased with its effects. I am satisfied it is much superior to Cod-Liver Oil—that its effect are more perceptible, and that it is devoid of that disagreeableness and unpleasant eructation which almost uniformly attends the use of Cod-Liver Oil. I am satisfied that it is an admirable remedy in the treatment of phthisis."—See Kidder & Laird's advertisement.

Quinine Hypodermically.—Quinia Bi-Muriatica Cardamidata; soluble in its own weight of boiling distilled water.

Dr. McCoy, house physician of Bellevue Hospital, in the Medical Record of August 7th, 1880, cited 38 cases in which he subcutaneously administered this remedy with the most satisfactory results, and without the sequence of a single abcess. He employed a fifty per cent. solution of Bi-Muriate Quinia with Urea; and in one case, which he cites, found that 40 grains of the salt, when given at one time, produced cinchonism in one hour, the temperature being decreased four degrees in five hours.

McKesson & Robbins, of New York, well known as the introducers of gelatine-coated pills, manufacture the salts, and sell it in one, two and four gramme vials, and also the fifty per cent. solution which they put up in one-eighth ounce and one ounce vials.